

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS OFFICE

313 N. FIGUEROA ST. L-1, LOS ANGELES, CALIFORNIA 90012 / (213) 240-7812 (birth) / (213) 240-7816 (death)

CERTIFICATE OF ACKNOWLEDGMENT- BIRTH & DEATH

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death record: individual named on certificate, parent, legal guardian/custodian, grandparent, grandchild, child, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency. **This certificate must be signed in the presence of a Notary.**

Name on Certificate	Relationship

If you are requesting more than 4 certificates please indicate the total number of certificates requested _____

Print Name

Applicant's Signature

STATE OF CALIFORNIA

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County of _____

On _____ before me, _____, personally

appeared _____ personally known to me (or proved to me the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____

(seal)